



Steven W. Troxler
Commissioner

North Carolina Department of Agriculture
and Consumer Services
Veterinary Division

R. Douglas Meckes, DVM
State Veterinarian

May 2, 2017

Ms. Lisa Herndon
4555 Fox Run
Lenoir, NC 28645

Dear Ms. Herndon:

The Animal Welfare Section (AWS) of the NC Department of Agriculture and Consumer Services has been made aware of information that you are acquiring dogs for the purpose of resale to the public. This activity meets the definition of pet store as defined in NC General Statute §19A-23(12).

NC General Statute §19A-27 states that no person shall operate a pet store unless a license to operate such an establishment has been given by the AWS. In addition, NC General Statute §19A-33 states that operation of a pet shop without a currently valid license constitutes a Class 3 misdemeanor subject to a penalty for each day of operation.

Therefore, please submit the enclosed application for operation of a pet store along with the \$75 application fee within 10 days of the receipt of this letter. The licensing process starts with the submission of the application and then an AWS Inspector will contact you about inspecting the premises. The premises, animal records and operation of the pet store must be in compliance with the NC Animal Welfare Act and its rules before the license can be granted. A copy of the NC Animal Welfare Act and its associated rules is enclosed.

Until the license has been granted, please cease operation as a pet store. If you have any questions on this matter, please feel free to contact me.

Sincerely,

Patricia Norris, DVM, MS
Director of Animal Welfare Section
Veterinary Division
(919) 707-3280
Patricia.Norris@ncagr.gov

North Carolina Department of Agriculture & Consumer Services

[Print Form](#)

Animal Welfare Section/Veterinary Division

1030 Mail Service Center

Raleigh, NC 27699-1030

phone: 919.707.3280 fax: 919.733.6431 e-mail: agr.aws@ncagr.gov

License Application / Renewal Application to Operate as the Following:

Check one

☐

New License

☐

Pet Shop Selling Dogs or Cats (\$75 fee)

☐

Renew a License

☐

Public Auction (\$75 fee)

Facility License #

Name of Facility

Physical Address

City

NC

ZIP Code

County

Phone Number

Fax Number

Email

Mailing Address (if different from physical address)

Mailing Address

City

NC

ZIP Code

Owner Information

Name of Owner

Owner's Address

City

State

ZIP Code

Information About the Facility

Hours Open to the Public

Days Open to the Public (check all that apply):

☐

Monday

☐

Tuesday

☐

Wednesday

☐

Thursday

☐

Friday

☐

Saturday

☐

Sunday

Cleaning Hours: (cleanings required at least twice daily).

If more than twice daily, please indicate additional cleaning times in the comment box of Article 1 on the next page.

Time of 1st
Cleaning

of Dog Enclosures

Maximum # Dogs On-Site

Time of 2nd
Cleaning

of Cat Enclosures

Maximum # Cats On-Site

Signature of Owner or Authorized Agent

Date

Annual Program of Veterinary Care

PURPOSE: This form is to be used for documenting the program of veterinary care in facilities required to be licensed/certified under the Animal Welfare Act. Items below are to be completed with the assistance of a veterinarian licensed in NC. If space is not adequate, use the back of this page or attach additional page(s). This form must be signed by the owner or manager of the facility and the veterinarian.

Name of Facility

Facility License #

Veterinarian's Information

Name of Veterinarian

Veterinarian's NC License #

Address

City

NC

ZIP Code

Phone Number

1. Enclosures and exercise areas for dogs and cats must be properly cleaned a minimum of two times per day. [02 NCAC 52J .0207(a)]

Is your facility cleaned a minimum of twice daily (including weekends and holidays)? YES ☐ NO ☐

Describe your procedures for disinfecting the following: primary enclosures, exercise areas, feed & water bowls, litter boxes and bedding (if provided).

2. All animals in a licensed or registered facility must be in compliance with the North Carolina rabies law, N.C. Gen. Stat. §130A, Article 6, Part 6. [02 NCAC 52J.0210(d)]

Does your facility ensure that all dogs and cats 4 months of age and older have been vaccinated for rabies?

YES ☐ NO ☐

List any other vaccinations that you require for dogs and cats:

Owner/Manager Initials _____

Veterinarian's Initials _____

3. A full record of veterinary care is required. [02 NCAC 52J .0101(1-5), 02 NCAC 52J .0102(1-3)]
All animals must be fully documented from the time of intake to the time of release from the facility. All animal records must be retained a minimum of 3 years after the release of the animal; [19A-32.1(j)].

Does your facility retain or plan to retain (new facilities) all records for at least 3 years after the release of an animal?
YES ☐ NO ☐

4. All facilities must designate an isolation area for animals being treated or observed for communicable diseases.[02 NCAC 52J .0209(5)]. This applies to incoming animals as well animals that become ill during their stay at the facility.

Does your facility have a designated area for the isolation of animals that are sick during their stay?
YES ☐ NO ☐

Briefly describe your procedure for the isolation of incoming ill animals as well as animals that become ill during their stay at the facility:

5. Diseased or deformed animals shall be sold or adopted only under the policy set forth in the "Program of Veterinary Care." Full written disclosure of the medical condition of the animal shall be provided to the new owner. [02 NCAC 52J .0210(c)]

a. Does your facility sell, adopt or transfer dogs and/or cats? YES ☐ NO ☐

b. Does your facility sell, adopt or transfer any deformed (i.e. blind, amputee, etc.) dogs and/or cats?
YES ☐ NO ☐

c. Does your facility ever sell, adopt or transfer any ill dogs and/or cats? YES ☐ NO ☐

d. If you answered YES to questions 5(b) or 5(c), please detail the protocol for the sale or adoption of diseased and/or deformed animals, including any health guarantees or refunds.

If you answered NO to both 5(b) and 5(c), please disregard this question (5(d))

Owner/Manager initials _____

Veterinarian's initials _____

6. Detail your protocol(s) for providing emergency veterinary care to include emergency care during and after normal hours of operation. [02 NCAC 52J .0210(a)]

7. I certify that the facility named above has implemented this program of veterinary care and that the veterinarian named above assisted in its development.

NOTICE

A license is not transferrable. When there is a transfer of ownership, management or operation of a business... (they) shall have 10 days from such sale or transfer to secure license...A licensee shall promptly notify the director of any change in the name, address, management or substantial control of their business or operations. [GS 19A-31]. Notify this office of any additions to the facility.

Signature of Owner or Authorized Agent (required)

Date

Signature of Veterinarian (required)

Date